

# Check Request

|  |                 |  |              |                  |          |   |   |                          |  |
|--|-----------------|--|--------------|------------------|----------|---|---|--------------------------|--|
|  | Date of Request |  | Requested By |                  | Due Date | Time  | a.m.<br>p.m.  | Gross Amount             |  |
|  | Name            |  |              |                  |          | <input type="checkbox"/> Manual Check Required        |   |                          |  |
|  | Address         |  |              |                  |          | Purchase Order Number                                 |   |                          |  |
|  | Address         |  |              |                  |          | Invoice Number  |   | Remit-To Supplier Number |  |
|  | ZIP Code        |  |              | Telephone Number |          |   | <input type="checkbox"/> Income <input type="checkbox"/> Property<br><input type="checkbox"/> Sales/Use <input type="checkbox"/> Customs/Duties<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> Filing Fees<br>_____ |                          |  |
|  |                 |  |              |                  |          | <input type="checkbox"/> Call for Pickup (Ext. _____) |   |                          |  |
|  |                 |  |              |                  |          | <input type="checkbox"/> Mail Directly to Payee       |   |                          |  |
|  |                 |  |              |                  |          | <input type="checkbox"/> Other (specify)              |   |                          |  |
|  |                 |  |              |                  |          |   |   |                          |  |
|  |                 |  |              |                  |          |   |   |                          |  |

| GL Account Number | Description | Debit Amount |
|-------------------|-------------|--------------|
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| Gross Amount |
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|--|-------------|------|------------------|------|
|  | Approved By | Date | Manager Approval | Date |
|  |             |      |                  |      |